

pantries, linen stores, coal closets, etc., together with an additional bathroom, are placed in an annexe opposite the middle of the pavilion. This also contains the entrance and staircase. Each ward measures 63 by 27 by 12 feet, and accommodates from 12 to 16 patients, according as it is used for acute or convalescent cases.

2. The isolation pavilion is also a double-storeyed building, and is composed of two halves facing in opposite directions after the Local Government Board model. Each half consists of two floors, connected by an outside iron staircase, and each floor comprises a suite of two small wards (to contain one or two beds each) separated by a nurses' duty room, with water closet and slop sink in a detached turret, and a movable bath on the verandah outside.

3. The administrative block is situated next the entrance gate, and faces upon the road. Besides the kitchens, steward's and matron's stores, and offices and dispensary, it contains quarters for the entire staff, there being 100 bedrooms, besides dining, sitting, and recreation rooms.

4. The laundry block comprises a commodious steam laundry, fitted with modern labour-saving appliances, the staff washing being carried on in separate rooms from the patients' washing, but with a common ironing and drying room. This block also contains the boiler house, engine room and engineer's shop, and a small "destructor" for cremating infectious or offensive rubbish.

There are no corridors between the various buildings, communication being by means of macadamised roads and footpaths. A footbridge is now being built over the canal separating the Lodge Road Hospital from the branch institution (formerly the small-pox hospital) in Western Road. When this is completed the two hospitals will be worked as one institution, and together they will provide accommodation for 400 cases.

CORRESPONDENCE.

CHLOROFORM AND THE HEART.

SIR,—In your leading article in the BRITISH MEDICAL JOURNAL of April 24th, you draw attention to the paper by Mr. Leonard Hill on the action of chloroform on the circulation. It appears to me that an ordinary reader on looking at your article on Mr. Hill's paper would be under the impression that some completely new view had been brought forward of which the members of the Hyderabad Commission were completely ignorant, and which had not been taken by them into full account before framing their conclusions. I think also that no reader either of your article or Mr. Hill's paper would gather that the Hyderabad Commission made a number of experiments on the effect of gravity upon the circulation during chloroform anaesthesia.

I am unfortunately too much pressed by work which I am obliged to do within a limited time to allow me to write at present any lengthened article on this subject, more especially as it would be necessarily of a controversial nature, and would involve a good deal of discussion. I have already, however, discussed at some length paralysis of the vessels as one of the causes of death during chloroform anaesthesia in the BRITISH MEDICAL JOURNAL of December 4th, 1875, and if anyone will take the trouble to look at the report of the Hyderabad Commission, they will find numerous tracings showing the effect of change of position from the horizontal to the upright or inverse posture.

In a question like this it is very important that people should not come to a hasty decision, and before discarding the conclusions of the Hyderabad Commission as valueless I trust they will take the trouble to study the report of that Commission for themselves, as well as to glance at the papers to which I have given references. Another important paper is that of Bowditch and Mainot on The Effect of Anaesthesia on the Vasomotor Centres, *Boston Medical and Surgical Journal*, May 21st, 1874.—I am, etc.,

Stratford Place, W., April 28th.

T. LAUDER BRUNTON.

MR. PERCY DUNN will deliver a lecture on Ophthalmic Science during the Queen's Reign, at the West London Hospital, on May 12th, at 5 P.M.

CINNAMON IN THE TREATMENT OF SCARLET FEVER.

SIR,—In the article on Scarlet Fever, in the second volume of Professor Clifford Allbutt's *System of Medicine*, recently reviewed in the BRITISH MEDICAL JOURNAL, at page 173, while dealing with the complications of that disease, the writer says:

The treatment of the recognised complications of scarlet fever is important. During recent months, while testing upon a series of cases the value of decoction of cinnamon—for which drug an abortive action had been claimed by Dr. Carne Ross in cases which could be brought under treatment at a sufficiently early date—I was surprised to find a considerable reduction in the incidence of some of the more common complications of the disease. Indeed in a series of 200 consecutive cases which were put under this treatment within twenty-four hours of the appearance of the rash, the incidence of adenitis, rheumatism, nephritis, and albuminuria was found to be about 50 per cent. below the average. The general death-rate, however, showed no reduction.

Whether rightly or wrongly, the complications of scarlet fever are greatly dreaded by the public at large, and a reduction of 50 per cent. in the incidence of these complications, following on the administration of cinnamon, is so fairly satisfactory a result, as I hope to justify me in asking you to allow me space in your columns to describe my method of treatment; and also to state, as briefly as I can, the general theory on which that treatment is based. Vaccination, which attempts to sterilise a patient against some disease by itself giving the disease in some altered form, suggested to my mind some years ago that it might also perhaps be possible, if you got a patient very early in any disease of microbic origin—so early that the microbe had not had time to lay down a large cellar of ptomaines, if I may be allowed such an expression—that at this period of the disease it might be possible so to saturate the patient with some drug that had no selective action, and was absolutely non-poisonous, and could therefore be employed in enormous quantities, that he should practically become tanned or sterilised; and that if this could be effected, then possibly the microbe would cease to flourish, and if the microbe ceased to flourish, the disease might in consequence run a mild course. It seemed to me that, if successful, this method would have this advantage over inoculation, that it would be absolutely devoid of danger, and would possibly be equally applicable to any microbic disease.

It is unnecessary to explain here why I elected to employ cinnamon, or why I took twenty-four hours from the onset of a disease as a time limit, and determined not to experiment on any cases where illness had existed for a longer period.

Having experimented on a certain number of cases of influenza, measles, and scarlet fever, and my results seeming to fulfil my expectations, I three years ago laid my views and the results I seemed to have obtained before the late Dr. John Syer Bristowe, whom I had the happiness and privilege to number in the list of my personal friends. Dr. Bristowe, in reply, informed me that, as far as he was aware, the line of inquiry I was pursuing was entirely new, and that the results I appeared to have attained, he considered, demanded investigation, and that he had written to Dr. Caiger requesting him to carry out a series of experiments, to test the value of my work, at Stockwell Fever Hospital. This Dr. Caiger has done, and the result is stated above; and I desire to take this opportunity of expressing my deep sense of the obligation I am under to Dr. Caiger for his kindness in thus carrying out Dr. Bristowe's suggestion.

With regard to these experiments, however, I would point out that the conditions met with at a fever hospital make it impossible to carry out the treatment perfectly, for patients rarely come under observation at such institutions till they have been ill for a good many hours; and, though a reduction of 50 per cent. in the incidence of the complications of scarlet fever above named is a satisfactory result, still, judging from cases of scarlet treated within the hours from the onset of disease, and also judging, by analogy, from what I have seen in cases of influenza treated within five hours from the onset of the disease as compared with those treated where twenty-four hours from the onset had elapsed, I believe it will be found that in camps, or in schools where careful supervision obtains, and where patients consequently might be subjected to treatment almost immediately after the onset of the first rigor; that a much better result than a reduction

of 50 per cent. in the incidence of adenitis, rheumatism, nephritis, and albuminuria might be looked for, though that reduction for the present is good enough as it stands.

I elect to stand or fall by the results of my treatment in scarlet fever, and, therefore, I refrain from speaking of the satisfactory results I seemed to have obtained in the treatment, by cinnamon, of measles and influenza; but with regard to the latter disease, I would merely say that during the last four years, I have never had occasion to pay more than four visits to any patient suffering from influenza who was subjected to treatment within twenty hours from the onset of the disease, and in not a single case have any complications occurred. The treatment is perfectly simple. I give half an ounce of decoction of cinnamon every hour for twenty-four hours; at the expiration of this period the same dose is repeated every two hours till the temperature falls to normal; when the temperature has fallen to normal, the same dose is repeated four times daily for three days.

If there is any sore throat, gargle or swab the throat every two or three hours with decoction of cinnamon; in children the dose to be reduced according to age, but the same method of administration to be observed.

Messrs. Woolley and Sons, of Manchester, and Mr. Horsey, Chichester Street, Upper Westbourne Terrace, W., have for some years kept an excellent and identical preparation of decoction of cinnamon; but, as I would not like anyone to suppose that I have any property in its sale, I here describe the method of its preparation till some better method is suggested: A pound of Ceylon stick cinnamon in a sufficiency of water *in vacuo*, to be raised to 180° and kept there for a time, to be then slowly boiled till the fluid is reduced to a pint and a quarter; pour off without straining; 10 per cent. of glycerine being added, the preparation will keep for months.—I am, etc.,

J. CARNE ROSS, M.D. Edin.,
Physician to Ancoats Hospital.

Manchester, April 19th.

ALOPECIA AREATA AND TINEA TONSURANS.

SIR,—The article in the BRITISH MEDICAL JOURNAL of April 24th, by Dr. Wickham, on the supposed Microbic Origin of Alopecia, and the possible cure of tinea tonsurans by producing an artificial alopecia from the injection of the toxin of the specific organism, is of importance.

If this be possible, it will be fully following out the views I have held for years, namely, that ringworm of the scalp is rarely cured by the direct action of a parasiticide on the fungus *in situ*, but by causing some alteration in the nutrition of the hairs, so that they come out, and thus a temporary bare place, or an "artificial alopecia," is produced.

In 1893 I gave the opinions I then held, and which I still hold, concerning the treatment for tinea tonsurans, at the Dermatological Section, at the annual meeting of the Association, in the following words:

"It is not new parasiticides which are required, but some reliable means of getting them into contact with the deeply-seated fungus. Therefore, my chief experiments the last few years have been with different vehicles; but, so far, I have not been able to find any ointment base, or liquid, that can be relied on to penetrate to the bottom of the hair follicles and hairs, and thus to kill the fungus *in situ*.

"For some time I have been convinced that ringworm is rarely eradicated by getting the so-called 'parasiticides' into contact with the fungus; but, while their use is essential to prevent the spread of the disease, yet, if cases are cured, it is almost always by producing some alteration in the nutritive condition of the skin, so that the diseased hairs come out, leaving an 'artificial alopecia'; or by causing irritation and exudation around and in the hair follicles, so that the invaded hairs, together with the fungus, are thrown off, and a temporary bare place is left.

"My chief reason for this assertion is the fact that hairs once invaded by the trichophyton tonsurans do not recover under the use of parasiticides, and thus grow up again in a healthy condition, but the diseased hairs invariably come out if the case be cured, and new downy hairs replace them, which are not invaded by the ringworm fungus.

"But there is no doubt in my mind that if some more simple yet certain plan could be discovered for causing the diseased hairs to fall out, forming an artificial and temporary

alopecia, it would be a great success for eradicating this most troublesome and obstinate disease."

The above quotation, published in the JOURNAL,¹ shows that Dr. Wickham's statement that, "after trying in succession all the remedies devised for its cure, Sabouraud came to the conclusion that no antiseptic treatment is absolutely efficacious in the case of tinea fungus which has invaded the hair as far as the roots," is hardly correct, as that conclusion has been come to for many years. But Dr. Sabouraud's suggestion that a toxin may possibly be prepared, which, when injected under the skin, will cause a temporary patch of alopecia areata, and tinea tonsurans may thus be easily cured, is novel, and we must wait to see if his prediction will be verified. I am afraid it will not, as I do not believe in the new view that ordinary alopecia areata is a contagious disease, and solely due to any special micro-organisms. Of course, micro-organisms may easily be found on the skin, but if they are the same as those seen in seborrhœic plugs, and alopecia areata is due simply to their toxin, why is not alopecia areata commonly seen in those who suffer from seborrhœa? Then, surely, it would be a very common disease, and possibly few people would have any hair left. Again, no seborrhœa, as a rule, is seen in ordinary alopecia areata.

It would be most interesting to know if other observers who have been experimenting with micro-organisms and their toxins have seen the hair shed in rabbits after injections have been made.

I have many times called attention to the fact that a temporary alopecia and the cure of tinea tonsurans may at times be produced by constantly soaking the parts with boric acid, ether, and spirit lotion, as the hairs may fall out and leave temporary bare places, which are indistinguishable from patches of ordinary alopecia areata, even having the typical club-shaped stumps.²

I have also seen similar patches form under the action of gas water, and exhibited a case at the Dermatological Society in 1895.³ Therefore, bald places similar to alopecia areata may be caused by lotions removing the fatty matter, etc., even under the direct action of parasiticides. Such cannot be due to the toxin of any micro-organisms, which would hardly thrive under such treatment. Again, if alopecia areata is due to the specific action of a micro-organism, why are the patches so often symmetrical?

I hope shortly to publish the full notes of some of these cases of artificial alopecia coming on during the treatment of ringworm in a new edition of my book. As regards the treatment of tinea tonsurans, for small places I still frequently employ croton oil, as I advised in 1880, and by producing exudation into the hair follicles and loosening of the diseased hairs a temporary alopecia is caused and the disease is cured.—I am, etc.,

Christ's Hospital, April 24th.

H. ALDERSMITH.

IRISH DISPENSARY DOCTORS.

SIR,—I read with pleasure Mr. Leeper's letter on the above subject, and it is refreshing to find that in spite of many failures the question is not yet lost sight of.

Mr. Leeper suggests that our efforts should be directed towards attaining that examination should be the sole mode of entrance to the service, and that that gained the other abuses will disappear. I quite agree with him as to the necessity of a competitive examination, but I should like to know what steps should be taken to gain it, what are the chances of success, how are our other abuses to disappear, and if conceded will not the number of candidates be still the same as now, leaving untouched the argument made against us that the supply is in excess of the demand.

Sir, we have hitherto trusted to successive Chief Secretaries granting a Parliamentary Committee, but our repeated failures must have made evident that we must either abandon the cause as hopeless or adopt some other plan. Irishmen well know that Chief Secretaries are in the hands of the permanent officials, who are notoriously a class who gain this position by their agility in Castle backstairs climbing, or in their skill at political wirepulling. Their vision is limited by

¹ BRITISH MEDICAL JOURNAL, August 26th, 1893.

² See *Diagnosis and Treatment of Ringworm*, p. 67, 1885.

³ *Brit. Jour. of Derm.*, April, 1895.